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FORM D

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Washington, DC

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response16.00

SEC USE ONLY							
Prefix	Serial						
DAT	RECEIVED						

Name of Offering (Check if this is an	amendment and name has changed, and indicate change.)		
Series A Convertible Preferred Stock			
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule 506	Section 4(6)	ULOE
Type of filing:			
j	A. BASIC IDENTIFICATION DA	TA	
1. Enter the information requested about	the issuer	· ·-·	
Name of Issuer (Check if this is an a	nendment and name has changed, and indicate change.)	<u>-</u>	
Celerity Holding Company, Inc.			
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (In-	
14350 Northbrook Dr., STE 250, San A	antonio, TX 78232	210.402.1569	<u> </u>
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	ļ.	
(if different from Executive Offices)	, ,, , , , ,	ı.	T (400) OD DET (10) OUT ON THE WAY IN THE PER PER PER PER PER PER PER PER PER PE
,		Telephone Number (In	08052742
Brief Description of Business			
			PROCESSED
Development of Computer Software.			A A
Type of Business Organization			JUN 2 5 2008 SA
□ corporation	☐ limited partnership, already formed	other (please specify):	J
business trust	☐ limited partnership, to be formed		THOMSON REUTERS
	Month Year		_
Actual or Estimated Date of Incorporation		Actual	☐ Estimated
· ·	tion: (Enter two-letter U.S. Postal Service abbreviation for	State:	
CN for	Canada; FN for other foreign jurisdiction)	T	X

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A Notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION —
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate
federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			IFICATION DATA						
2. Enter the information rec	uested for the followi	ng:							
Each beneficial ow Each executive offi	ner having the power cer and director of co	rporate issuers and of corporate	est five years; vote or disposition of, 10% or mor general and managing partners of	re of a class of equity so partnership issuers; and	ccurities of the issuer;				
Each general and m	Each general and managing partner of partnership issuers.								
Check Box(es) that Apply:	Promoter	Beneficial Owner		□ Director	General and/or Managing Partner				
Michael Medley									
Full Name (Last name first, if	individual)								
513 Lake Drive, Harlingen, 7 Business or Residence Addres		City State 7 in Code)	· · · · · · · · · · · · · · · · · · ·	 					
Business of Residence Address	s (Number and Succe,	City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
George E. Smith Full Name (Last name first, if	individual)				· · · · · · · · · · · · · · · · · · ·				
, , , , , , , , , , , , , , , , , , ,	,								
Business or Residence Addres		City State Zin Code)							
Business of Residence Address	s (ivamoer and bucci,	City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer		General and/or Managing Partner				
John C. Poss Full Name (Last name first, if	individual)				 				
	•								
297 W San Antonio, New Br. Business or Residence Addres		City, State, Zip Code)							
	, , , , , , , , , , , , , , , , , , , ,	, , , ,							
Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or Managing Partner				
Richard Owens Full Name (Last name first, if	individual)								
i i	•	D 4874							
12533 Richmond Run Drive, Business or Residence Addres									
Charle Day(an) that A anhay		☐ Beneficial Owner	Executive Officer	Director	General and/or				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer		Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)							
Charle Bay(as) that Angles	T December	Danaffaial Onman	D Evenutive Officer	☐ Director	General and/or				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)	-		, , <u>, , , , , , , , , , , , , , , , , </u>				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)			<u>.</u>					
Business or Residence Addres	s (Number and Street,	, City, State, Zip Code)							

i .				B. II	NFORMATI	ON ABOUT	OFFERIN	G				
											Yes	No
1. Has the is	ssuer sold, or	does the issue	er intend to se	ell, to non-acc	redited invest	ors in this of	fering?					\boxtimes
				Answer also	in Appendix	, Column 2,	if filing unde	r ULOE.				
2. What is the	he minimum i	nvestment the	at will be acc	epted from an	y individual?		***************************************				\$	100,000.00
											Yes	No
	• • • • • • • • • • • • • • • • • • • •	-	•	_								☒
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated												
person o	r agent of a b	roker or deale	r registered v	with the SEC	and/or with a	state or state	s, list the na	me of the bro	ker or dealer.	If more than		
									on for that bro			
only.												
Full Name (I			al)									
<u>_</u>	Chesler Secur	<u> </u>										
	Residence Ado	-	-	*	ip Code)							
	way, Suite 10	·	io, Texas 78	209								
Name of Ass		r or Dealer										
Alan Chesle												·
	ich Person Lis										_	
	Check "All Sta			•								
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	(IN)	[IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name firs	t, if individua	1)									
Distance on D		Lana Olimbia		City State 7	- 0.4-							
Business or R	esidence Add	ress (Numbe	er and Street,	City, State, Z	ip Code)							
Name of Asso	ociated Broke	r or Dealer										
Traine Of 71330	ociated Dioxe	o Demoi										
States in Whi	ch Person Lis	ted Has Solic	ited or Intend	ls to Solicit P	urchasers							
(C	heck "All Sta	tes" or check	individual St	tates)			*				. Al	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name firs	t, if individua	d)									
Business or R	lesidence Add	iress (Numbe	er and Street,	City, State, Z	ip Code)							
Name of Asso	ociated Broke	r or Dealer					 		·- 			
TVMILE OF 71330	beinted Broke	o Dealer										
States in Whi	ch Person Lis	ted Has Solic	ited or Intend	is to Solicit P	urchasers					_		
(C	heck "All Sta	tes" or check	individual S	tates)							□ A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)
IRD	ISC1	(SD)	ITNI	[TX]	rum	IVTI	ſVAT	[WA]	(WV)	ſWII	[WY]	(PR)

[TN] [TX] [UT] [VT] [VA] [WA] [V (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	O	PROCEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					,
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$	1,000,000		\$	1,000,000
	Equity	\$	2,007,727		\$	0
	☐ Common ☑ Preferred					
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests	\$	0		\$	0
	Other (Specify)	\$	0		\$	0
	Total	S	2,007,727		\$	1,000,000
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors			1	\$	1,000,000
	Non-accredited Investors			0	\$	0
	Total (for filings under Rule 504 only)				\$	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					- "
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505				\$	
	Regulation A				\$	
	Rule 504				S	
	Total				\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs				\$	0
	Legal Fees	·••·•		X	\$	45,000
	Accounting Fees				\$	0
	Engineering Fees				\$	0
	Sales Commissions (specify finders' fees separately)	•••••		Ø	\$	25,000
	Other Expenses (identify): Reimbursement of purchasers' expenses	•••••			\$	0
	Total		Ī	X	ç	70 000

C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPENSE	ES AN	D US	SE OF PROCEEDS			1
b. Enter the difference between the aggregate p response to Part C – Question 4.a. This difference					s	930,	000
 Indicate below the amount of the adjusted gro purposes shown. If the amount for any purpose is estimate. The total of the payments listed must be to Part C - question 4.b above. 	not known, furnish an estimate and check the	box to	the I	eft of the			
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and fees		\boxtimes	\$	125,000		s _	
Purchase of real estate			\$			s _	
Purchase, rental or leasing and installation of made	chinery and equipment		\$			s _	
Construction or leasing of plant buildings and fac	ilities		\$			\$	
Acquisition of other businesses (including the val may be used in exchange for the assets or securiti			\$			s	
Repayment of indebtedness	. ,		S			` _ \$	
Working capital		⊠	s		⊠	` - s	805,000
Other (specify): Inventory, Training/ Travel Exp			s		_	` - s	
Column Totals		⊠	s	125,000	_ 	s –	805,000
Total Payments Listed (column totals added)				⋈ \$ 930,0	000		
	D. FEDERAL SIGNATURE						
The issue has duly caused this notice to be signed by t an undertaking by the issuer to furnish to the U.S. Secu non-accredited investor pursuant to paragraph (b)(2) of	rities and Exchange Commission, upon written						
Issuer (Print or Type)	Signature			Date			
Celerity Holding Company, Inc.	Jan Christ			15 Ju	æ	0	8
Name of Signer (Print or Type)	Title of Signer (Frint or Type)						
George E. Smith	Chief Financial Officer, Treasurer						
						•	<u> </u>
	ATTENTION						



Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)